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Communications.

DEFECTIVE AND IMPAIRED VISION.

By Laurence Turnbull, M. D.,
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(Continued from p. 300.)

Myopia or Short-Sightedness.

In my introductory remarks I stated the fact that a large proportion of defective vision was owing to myopia or "short-sight" and this defect, I am satisfied, is on the increase. Owing to our exercising our eyes upon small objects as the reading of small print newspapers, the constant use of the eyes on fine needle-work, bending the head forward over the heated gas burner, and in many ways causing a determination of blood to the head. This is a defect that is almost peculiar to those who have lived all their lives in large cities, for it is rare in the country or among sailors, travellers, or hunters. Even with our children we give them playthings, as beads, &c., which obliges the child to bring the objects near its eyes to see them, and then at school the books and maps are printed so that the book has almost to touch the child's nose to be read. In those who, from necessity, are compelled to gain a livelihood by working in cotton or woollen factories, tending sewing machines, lace sewing, engraving, from their youth, the sight being forced to accommodate itself to these distances becomes permanently shortened.

A recent interesting case came under my notice where a young boy had been placed with a printer as his apprentice, where being compelled to exercise his sight all day upon the minute type, it caused decided "short-sight" arising from the too frequent and continued adjustment of vision. By exercising his eyes every day on distant objects, the free use of fresh water in which was a small portion of brandy, and the use of moderately strong concave glasses facilitated his reading and writing, and prevented him from giving up his employment. By this treatment if early and perseveringly employed, especially if the subject is still young, we sometimes make a complete cure. There is no doubt but that myopia is increased during youth if objects are brought too near, and will eventually reach a high degree if the patient neglects to relieve his sight by looking at large and distant objects, especially too, if the head is bent forward. One of the most valuable hygienic means, is repose of the eyes one or two months, and a change from the city to the country.

In a troublesome and tedious case of *amblyopia* produced in a myopic patient, by too assiduous use of the pen, the head being heated by the gas, the cure was effected by some mild local remedies, and the entire rest of the eyes, the gentleman being sent, at my suggestion, on a business tour in the western country.

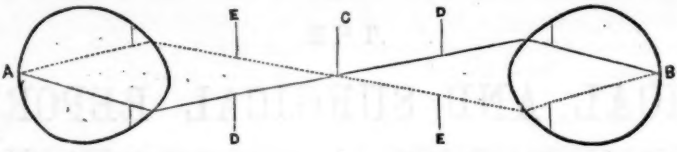
Spectacles should be avoided as long as possible, and we should recommend such numbers as will render objects more clear without lessening them or bringing them nearer. In school girls, who suffer from defective view or near-sightedness, their lessons should be learned in the day time with the book fixed so that they cannot bring it too close to the eye.

Several instances have come to my notice where girls have become decidedly myopic from studying by a very feeble light; and one instance, by the light of the moon. Teaching children early to read and write is another cause, more especially, if the paper or book is brought as close as the child wants it; it should be kept as far from the eyes as the child can distinctly see it, and as the eyes improve, increase the distance in a very gradual manner.

Having thus spoken of *myopia* in general, and its treatment, we will now enter more methodically upon the subject, and we will employ the most recent works* upon the subject for the benefit of our readers. According to Dixon there is no external appearances in the eyeball itself, by which this peculiarity can be detected, the popular belief that it depends upon an excessive convexity of the cornea, but this is disproved by a careful examination of a few short-sighted persons. Indeed one has but to notice the nearly flat cornea

* On long, short, and weak sight and their treatment by the scientific use of spectacles: By J. Soelberg Wells, London: John Churchill, 1862. Practical Study of Diseases of the Eye: By James Dixon. Second edition, London, 1859.

Fig. 8.



of the short-sighted fish and the convex cornea of the far-seeing bird of prey, to be convinced that other parts of the eye must be chiefly concerned in the condition termed myopia.

If a patient can see small objects only by bringing them very close to the eye, and yet is not helped by concave glasses, a careful scrutiny of the crystalline lens should be made to determine whether a very slight amount of opacity may not exist in that structure. In myopia Wells states that the refracting power of the eye is increased, or the optic axis too long, so that parallel rays (emanating from distant objects), or even not sufficiently divergent rays, are brought to a focus before the retina; circles of dispersion are formed upon the latter, and in consequence of this, the object does not appear sharply defined but indistinct, and as if it were surrounded by a halo.

Lengthening of the eyeball (as, for instance, in sclerotico-choroiditis posterior) is also often met with as a cause of short-sight. Von Græfe, indeed lays it down as a general rule, that when the far point lies nearer than 3″ from the eye (the myopia being greater than one-fifth), we may almost with certainty diagnose the presence of this affection. Wells has sometimes seen it in cases where the far point lay at 10″ to 12″ from the eye, and we should therefore invariably examine all short-sighted persons with the ophthalmoscope, for this disease is always a dangerous complication.

Myopia and amblyopia (weak sight) frequently coexist. They may easily be distinguished, for although weak-sighted persons hold small objects near in order to see them, they cannot, like the short-sighted, distinguish very small objects. Concave glasses do not improve their vision for distant objects. If the patient is amblyopic and can see No. 2 of Jaeger at 3″, he ought to be able to see print double the size at twice the distance of the first; for the retinal images increase in proportion to the size of the print. "A person suffering from a simple myopia should, with the proper concave lens, be able to read the same print at the same distance as the normal eye (*i. e.* No. 18, and words of No. 16 of Jaeger at a distance of twenty feet). If, however, with the most carefully selected glasses, he can only read No. 20 at that distance, he is also amblyopic. The less the concave glasses correct the greater is the degree of the coexisting amblyopia and *vice versa*."

Ophthalmoscopic Diagnosis of Myopia.

"1. If we examine the myopic eye in the erect image (merely with the ophthalmoscope without any convex lens before it) we are at once struck with the fact that we can see the fundus at some distance from the eye. If we regard one of the retinal vessels or the optic disc and move our head to one side, we notice that the image moves *in the contrary* direction; if we move to the right it moves to the left, and *vice versa*, so that we get a reverse image of the fundus."

Fig. 8, from Wells, will at once explain the reason of this. Let *a* be the short-sighted eye (myopia $= \frac{1}{6}$), and *b* the eye of the observer; *a* being in a state of rest, is adjusted for its far point (*c*), which lies 6″ before the eye. The rays from the fundus of *a*, therefore, meet at *c*, and crossing there fall in a divergent direction upon the observer's eye. If the latter be myopic (accommodated for divergent rays when his eye is in a state of rest), they will be united upon his retina (*b*) without the aid of and correcting lens behind the ophthalmoscope. If the observer's eye is normal he will (if adjusted for his far point) require a suitable convex glass behind the mirror, in order to render the divergent rays parallel. If he, however, accommodates for a nearer point, he will also be able to unite the divergent rays upon his retina without any correcting lens behind the ophthalmoscope. If the observer's eye is normal, he will (if adjusted for his far point*) require a suitable convex glass behind the mirror, in order to render the divergent rays parallel. If he, however, accommodates for a nearer point,† he will also be able to unite the divergent rays upon his retina without any correcting lens. The image of the observed eye will be seen (from this considerable distance) reversed because, as the rays from it cross at *c*, the upper ray *e* becomes the lower ray (after they have crossed), and the lower ray *d* becomes the upper.

"In examining a myopic eye in the erect image, we must place a concave lens behind the mirror, in order to obtain a distinct image of the fundus; the greater the myopia the stronger must

* The furthest point of distinct vision in the normal eye, is at an infinite distance (parallel rays). Twenty feet is the arbitrarily assumed distance at which the rays of light are about parallel.

† In normal eyes the nearest point of distinct vision lies at about three and a half to four inches from the eye.

this concave glass be, and the nearer must we ourselves approach to the eye. The field of vision will appear smaller, and the image nearer the eye of the observer than in the normal eye. The image is less bright in color, and less illuminated, but apparently larger; for we cannot, as in the normal eye (the size of the pupil being equal) overlook the whole optic disc at a glance, but only a portion of it.

It is of great consequence (as Donders strongly urges) accurately to determine the amount of the myopia, so that we may hereafter be able at once to judge whether it has remained stationary or has progressed. In the most favorable cases, the myopia remains stationary at the adult age; later in life it may even decrease somewhat, but generally this is not the case; and the popular idea that myopia decreases in old age is erroneous. This error is due to the fact that it was thought possible to determine the degree of myopia by the position of the near point, and partly also by the fact that short-sighted persons can see better at a distance when they get older, on account of the increasing diminution in the size of the pupil. There is nothing to be feared from a slight stationary myopia. Far different is it, however, if it be progressive; for then it is always a source of danger to the eye. Upon this important point let me give the following extract from Donders:

"'During youth, every myopia is perhaps more or less progressive; the progress of the affection is then accompanied by symptoms of irritation, which, according to Von Græfe, may even assume the character of sclerotico-choroiditis posterior. This is the critical period for the myopic eye; if the myopia does not at the same time increase to too great an extent, it may remain stationary, or at a more advanced age even decrease; if it, however, becomes greatly developed, we shall find it almost impossible hereafter to arrest its progress. At this stage we must therefore avoid everything that may cause determination of blood to the eye, and thereby tend to increase not all the sclerotico-choroiditis, but also the tension within the eye. Among these causes we must include particularly working with the head bent forwards. I cannot lay too much stress upon this. Every progressing myopia is threatening to the eye, If it remains progressive, the eye will soon become less and less usable (troublesome symptoms at the same time showing themselves), and not unfrequently vision is irrevocably lost at the age of 50 or 60 (if not even sooner), through detachment of the retina, extravasation, or atrophy, and degeneration of the yellow spot.'"*

* Von Græfe's Archiv. vol. vi., 2, 220.

We often meet with very slight cases of myopia; so slight, indeed, that the persons are not aware that they are at all short-sighted. If we, however, tell them to look at a distant object, a very slight concave glass of perhaps 60″ or 50″ focus improves their sight considerably. There is, however, another form of "myopia in distans," which was first described by Von Græfe, and which appears to depend upon a peculiar spasm of the ciliary muscle during the attempt of relaxation in adjusting the eye for distant objects."

MEDICAL FRAGMENTS.

By A. P. Dutcher, M. D.,

Of Enon Valley, Lawrence County, Pennsylvania.

(Continued from page 334.)

General Symptoms and Physical Signs of Pneumonia.

During the winter that has just past, pneumonia has been very prevalent in almost every section of this portion of our State. The valley of the Big Beaver and Little Beaver appear to be especially obnoxious to this malady. The cause of this is the humidity of our atmosphere, and the changableness of our climate. One day we have a temperature of *sixty* and the next day *ten* and perhaps as many degrees below zero. Such variations in the temperature of the atmosphere must always be attended with injurious consequences to the human system. Congestions, inflammations, and fluxes of various kinds will be the standing disease among that portion of the community who are destitute of the means of life, and those who pay little regard to the laws of health.

This disease, as it prevailed among us during the past season, was confined mostly to individuals in middle life, and furnished a very fine opportunity to study its general symptoms and physical signs, and it is to that particular branch of the subject we will confine our remarks in this fragment. The contemplation of the signs and symptoms of disease should always occupy a prominent place in the mind of the physician. His therapeutics are of little avail if he is unable to correctly diagnosticate disease. Give us the pathology and diagnosis of a disorder and we will not have much trouble with the treatment. The quack has his specific for diseases without being able to distinguish the difference between them. The scientific physician diagnosticates diseases carefully, prescribes to meet the indications of each case, and boasts of no specifics.

The first symptom of this disorder which attracted any special notice, was a want of animal heat. The patient complained of a want of power

to keep warm. This would sometimes continue for a day or two when it would wind up in a severe chill, which would be speedily succeeded by pain in the head, back, and limbs, thirst, vomiting, and a high fever. These distressing symptoms were followed in a few hours by cough, dyspnœa, with a feeling of heat just under the sternum; a very rapid pulse, coated tongue, with constipation of the bowels and a partial suppression of the urine.

In most all of our grave cases the dyspnœa was very urgent, compelling the patient to lie on his back, with his shoulders very much elevated. In one case that I attended this symptom was so distressing, that on several occasions the patient appeared on the verge of suffocation, and although the weather was very cold at the time, the windows in the apartment, where the patient was confined, had to be kept constantly open, rendering it unpleasantly cool for those who had to wait upon her. At this stage of the complaint the cough was very harassing, and the expectoration trifling, viscid, and rusty, and in some instances it was nearly pure blood.

On percussing the affected side there was slight dullness over the inferior angle of the scapula, which was generally confined to a limited space. On auscultation the respiratory murmur was very feeble, and crepitation was very distinct, particularly during a full inspiration. When the disease was confined to the inferior lobe of the lung, nothing abnormal was elicited by the physical exploration of the other lobes on the same side. In the unaffected side the respiration was rather more distinct than normal, owing undoubtedly to the greater activity of its functions, in consequence of the partial suspension of the functions of the suffering lung. The action of the heart was increased in intensity and its impulse felt over a much larger space than in health.

Such were some of the general symptoms and physical signs that characterized the first stage of this malady. As the disorder advanced, commonly as early as the third day, the dullness on percussion would become more marked and extended. In some of the worst cases it extended from the base of the lung to the summit, and bronchial respiration supplanted the feeble vesicular murmur and crepitation, an unfailing sign of the second stage of pneumonia, *hepatization*. We do not like this term, because it does not express the true nature of the pathological deposit in question, but must use it until somebody invents a better one.

At this second stage of the disease all the general symptoms appeared to keep pace with the local lesion. The fever was increased in intensity, the pulse became more frequent, the respiration more hurried, the cough more troublesome, and the expectoration more viscid and rusty. These symptoms were always more severe after the middle of the day, and continued so until the turn of the night, when they would gradually become much milder and allow the patient a short period of repose. If the local lesion was not very extensive, this abatement in the severity of the symptoms would amount to a regular intermission. The skin would become moist and cool, the breathing not so hurried, the pulse not so frequent, and the cough not so harassing, and the patient would almost fancy himself well again. But the advancing day would dissipate his illusions, and bring with it all his distressing and annoying symptoms. In very grave cases there was very little modification in any of the general symptoms, until the disorder passed its climax.

This in the majority of cases would occur about the ninth day. In some instances the severity of the symptoms would be prolonged until the twelfth or fourteenth day, when they would gradually give way, and we would have very pronounced evidence of the third stage of pneumonia —*resolution*. The pulse would become less frequent, the dyspnœa less urgent, the cough not so annoying. The expectoration more easy, less tenacious and rusty, the fever not so high, the urine more abundant, the bowels more regular, the tongue cleaning, the appetite improving, the sleep less disturbed, and the patient every way more comfortable.

The improvement in the physical signs, although not so marked as the general symptoms, were yet sufficiently clear to be readily detected by a careful auscultation. In a few hours after resolution commenced in the affected lung crepitation could again be very distinctly heard as in the first stage, while bronchial respiration which succeeded it would be scarcely audible. The improvement in the respiratory sounds always commenced at the summit of the lung, and as the process of reparation went on they gradually extended to its base. The same was also the case in regard to percussion. Dullness diminished from the summit down, just in proportion as resolution advanced, until all the sounds became normal, and this would generally occur between the fourteenth and twenty-first day.

When the disease proved fatal there appeared to be little or no abatement in the general symptoms. In one of my fatal cases there appeared to be a slight diminution in the dyspnœa, cough, and expectoration, while in another these symptoms were increased in severity, the cough was more distressing and the expectoration more pro-

fuse, of a red diffluent character, resembling very much the juice of preserved prunes. Dullness on percussion became more profound, bronchial respiration became also much louder and was accompanied with mucous rhonchus, showing very clearly that disorganization had taken place. The pulse was now increased in frequency, the respiration chiefly intercostal, the extremities of an icy coldness, rattling of mucus in the trachea with inability to expectorate, when the patient died, not so much from exhaustion as from suffocation.

When the disease was complicated with pleurisy the general symptoms differed but little from those just described, in this instance there was a sharp cutting pain in the affected side, resisting every act of inspiration, making the act of coughing and deep breathing well nigh impossible. The physical signs were nearly the same as in the original disease with the exception of dullness on percussion, which was more marked and extended over a greater space. When it was complicated with bronchitis, the expectoration was more copious and mucous rhonchi almost the only sound heard on auscultation. In that form of the disease called by some writers *typhoid pneumonia*, in addition to the general symptoms of pneumonia, there was great prostration of the vital forces, a low muttering delirium, scanty, turbid, and ammoniacal urine, frequent and copious alvine discharges, with marked sibilant rhonchi.

In every form of the disease, excepting those cases where the bronchia received the principal shock of the disease, I could not, when the disorder was fully established, discover a single trace of chloride of sodium in the urine. Its first appearance was always a good omen, and its early appearance in grave cases, was a harbinger of a sure and speedy convalescence.

SPOTTED FEVER.

By Joseph Klapp, M. D.,
Of Philadelphia.

From the result of my observation, from conversation with several of my medical brethren who have seen the disease, and with an intelligent undertaker who had buried a number of cases returned as such, I am confident that the term "spotted Fever" is a misnomer. In a large majority of cases "spots" do not occur, and the practitioner unacquainted with the disease, and having under his charge a case of it might be led into a fatal error, if he supposed that the "eruption" was found in every case.

Headache, different, however, from ordinary headache, is present in most of the cases, varying from a slight uneasy feeling to that of an unalterable distressed sensation. Sometimes it occurs all over the head; sometimes confined to a single spot as over the eye. Now and then there is no headache. One of the most common and almost pathognomonic symptoms is a peculiar drawing feeling at the back of the head, as if some one was pulling it backward by the hair. Children, unable to explain their feelings, will thrust their head backward, as if more comfortable in that position, crying when any attempt is made to alter it. Sometimes it is so slight as to resemble a stiff neck, leading the patient to suppose he had taken cold. Do not expect to find it, however, in every case, but when found, it will give more certainty to the diagnosis. These affections of the head are all increased by the *upright* position.

Stupor is another symptom frequently found, varying from a slight drowsy feeling to that of profound coma, from which it is difficult to arouse the patient, who, when aroused, starts up with a peculiar wild inquiring look, which when seen, is not soon forgotten. Sometimes the patient when aroused, acts like a drunken man interrupted in his sleep. An intelligent and observing friend told me that he lost a patient, supposing him drunk—an error into which he was led by smelling liquor upon him, given to him by his friends to relieve his prostration—and only became aware of his mistake when too late.

Delirium, varying in its degree and present in many of the cases, and is increased by the upright position. A lady patient, who had been relieved of her delirium had it temporarily brought back by sitting up a few minutes, and as soon as she was laid upon the bed it passed off. Some complain of a confused feeling of the mind, an inability to calculate and to memorize as before. The *pupil* in a large majority of cases, is widely dilated and but slightly influenced by the light, and one of the best evidences that the poison is being eliminated, is its return to its wonted condition. I have seen the pupil much contracted, also strabismus, but only when the cerebral mass was more extremely involved. The *tongue* is mostly furred and often with a bilious coating; and here I would observe that now and then cases will set in like an ordinary bilious attack lulling our suspicions until it is too late. The *bowels* are generally costive, and when so the head symptoms are generally worse. The *urine*, in the cases I have seen, has presented no especial peculiarity although I have made it a subject of inquiry.

Irregular pains, as if of neuralgic character with extreme sensitiveness of the surface when touched, are now and then complained of on different parts

of the body. One of the most common and characteristic symptoms of the disease and upon which most dependence can be placed, is a sense of *exhaustion* more distressing than that of most diseases, and *unaccountable* from the *length* of the sickness or the character of the symptoms.

One lady, who had had typhoid fever of a protracted and severe form, told me that the prostration attending that disease was nothing to it, that the exhaustion of a severe attack of yellow fever which she had had in the East, bore a nearer resemblance to it, but the only feeling which she could compare to it was what she supposed the act of dying to be. When, therefore, a patient complains of great exhaustion coming on abruptly, not to be explained by the character of the symptoms, especially if the constitution of the patient is naturally robust and the disease is about, be watchful of the case. It may be the poison is doing its appointed work, and before long it may be too late.

An observing and experienced medical friend was called one evening to a man of robust frame, who complained only of being "so tired, so weak," and in a few hours he was in a convulsion, and before morning dead. I lay more stress upon this tired exhausted feeling coming on so abruptly than almost any other symptom. It is seldom or never wanting. You see it in the countenance, in his manner, and he tells you that he can't explain why he should be so weak. Under these circumstances, even if no other symptom of the disease is present, I should watch the case narrowly, and treat it as such. By doing so, you can do no wrong if it is not, and you can do great good if it is. If, however, with this you have the headache, the drawing sensation at the back of the head, the stupor, the wild inquiring look, the contracted brow, or even part of these in a greater or less degree, you may rest assured that you have the poison actively at work at the medulla oblongata, and unless you can *eliminate* it, your patient is gone. It will not do to treat it as an ordinary inflammation or congestion by bleeding, cupping, or blisters; this may abate slightly the effects, but does not remove the cause. It is a specific inflammation or poison at work, and nothing but its *elimination* will stop the mischief.

Tonics and stimulants only are fitted to remedy the depressing effect of the poison, not to *eliminate* it. To accomplish this purpose there is nothing so useful as the Tinct. ferri chlorid. in doses of twenty to thirty drops every hour or two as the urgency of the case may demand. If it is given early in the disease before the fatal work has been done, I am certain it will cure the majority of cases. We all know its power in *eliminating* the poison in erysipelas and other diseases. I have given quinine largely and repeated it often, iodide potassium, chlorate potash, stimulants, etc. Others have failed me; I have blistered the back of the neck and given mercurials, and they have not done my bidding. But we have to *eliminate* and then tonics, stimulants, and good diet to build up the system and to rectify the effects of the poison with a strict observance of the recumbent position, I am satisfied, is the best treatment. Since my last communication I have had the opportunity of trying it in several cases with the most happy effect.

The case of a boy about twelve years old, who was in a profound stupor when I saw him, aroused with great difficulty and when aroused acting like a drunken man, immediately relapsing again into the same stupor, deaf, blind, his extremities cold and deathlike, the skin bluish, evidently approaching articula mortis. Under the use of the iron ten drops every hour, the stupor, the deafness, the blindness, all passed off, his appetite returned and I was gratified in leaving him convalescing. His life was saved by the remedy.

A young girl about the same age, with the same symptoms, was relieved by it of her deafness, stupor, and blindness, and I was pleased to find her natural manner returned when unfortunately she got up and walked across the room before they were aware of it, looking, as her mother expressed it, like a corpse, as she approached her; her symptoms returned with increased virulence and she died in convulsions. Had she been kept in the recumbent position, I feel confident she would have recovered. I would most earnestly caution against allowing patients to assume the upright position until the poison has been eliminated and the prostrating effects of it in a great measure overcome. Upon this will hinge the success of many a case.

In a little patient of three years old of a medical friend, whose two sisters both died with it, and whose eye was almost hopeless, the disease has been arrested leaving only its effects to contend with. In this case the most troublesome symptom was sick stomach which resisted all the treatment that skill and judgment could suggest. Three drops of the iron every hour increased to five, removed the sick stomach and overcame the disease.

Not wishing to weary you with the recital of any more cases, I will merely mention that the patient alluded to in my last, having been attacked with erysipelas during her disease has entirely recovered. In this case the erysipelas did not come out as erysipelas usually does in a small blotch increasing in extent, but was thrown

out *all at once* as we often see the disease. Soon after it was thrown out the patient felt much relieved as if the power had been transferred to a less vital part. The erysipelas immediately began to subside under the continuance of the iron and the patient recovered in a shorter time than usual. I hope that this communication may be of some use in drawing attention to the irregular mode in which this disease often attacks, and aid in effecting its cure.

Hospital Reports.

UNIVERSITY OF MARYLAND,
Jan., 1864.

SURGICAL CLINIC OF PROF. SMITH.

Reported by *Dr. J. W. P. Bates.*

Club Foot.

Child, 3 months old. The heel is very much drawn up, so that if allowed to continue, the child would be compelled to walk on the toes. To remedy this, it is sometimes necessary to divide the tendon of the tibialis anticus, as well as the tendo Achillis; but in this case the division of the latter will be sufficient. We puncture the skin with a small lancet, and then divide the tendon by the tenotome. This division of the tendon does not restore the foot to its proper position. In some instances, nothing else is necessary; but, generally, we have to use a shoe. I dress the wound with lint, and apply a bandage. Since I have abandoned the use of adhesive plaster, I have had no trouble from hemorrhage.

MEDICAL CLINIC OF PROF. MCSHERRY.

Phthisis.

I wish to call your attention, this morning, to the measurements of the chest, as an aid to diagnosis in pulmonary consumption. It should be one-half the height. This man is 44. Had cough for eleven months; several hemorrhages; consumption not in his family. His height is 5 ft. 4 in.; his circumference should be 32 inches, whereas it is 31—no great loss, so far. This disease is most rife between twenty and thirty, but is also found in old persons and young children. It is not necessary to measure entirely around the chest, as it has been found that the distance between the nipples is one-fourth of the circumference. During the progress of the disease, the distance between the nipples gradually decreases, and of course, less air is taken in, as the chest contracts. His pulse is sixty, reduced on account of the cold acting as a sedative. Has been a man of full habit; weighed 150; when admitted, weighed 124. Had a fair appetite, but continued to emaciate. He does not assimilate his food, and in this lies the particular benefit of cod liver oil, its being more easily assimilated. There is crackling under the right clavicle; that indicates softening tubercle—no cavity. Phthisis is almost exclusively confined to the upper and middle part of the chest; pneumonia to the lower. No pain on forcible inspiration; no necessary pain in phthisis; generally some pneumonia, pleurisy, or neuralgia of the inter-costal spaces. It was formerly thought that pneumonia, etc., produced phthisis; now, the reverse is the general opinion. Merchant seamen are very liable to consumption, on account of bad food and the crowded state of the sleeping arrangements; less of it in the regular navy. He is on a cough mixture of Syr. scillæ syr. tolu, and tr. opii camph. As he cannot bear Ol. morrhuæ, I will order Decoct. cetrariæ ad lib., which is tonic, nutritive and demulcent.

EDITORIAL DEPARTMENT.

Periscope.

Hodgen's Splint for Compound Fracture of the Os Femoris.

The difficulty of applying proper dressings in cases of compound fracture of the femur, especially where the wound is in the posterior surface of the limb has brought into existence many appliances, but none, so far as we have observed, are equal in simplicity and completeness as that suggested by JNO. T. HODGEN, U. S. V., St. Louis, as given by the American Medical Times.

The foot-board is four inches and a half wide, one inch thick, and fourteen inches high (or long), supported on a base fifteen inches long and one inch square. The centre support is seven inches high, eight inches on the base, and one inch thick. The uprights of this portion are one inch wide at the top, and one inch and a half wide at the base; this piece is placed twenty-one inches from the foot-board.

The longitudinal strips are forty-two inches long one inch and a quarter wide, and half an inch thick; one end of each of the four is fastened by screws to the foot-piece, two at the base, the remaining two above them, leaving spaces of four and a half inches between the lower and upper pieces. The lower strips are fastened to the outside of the centre support at its base, the upper at the inner side of the upright portion, thus forming the frame represented in the cut.

This may be adapted to either limb by binding the ends of the pieces designed for the perineum and pubes, the lower one from above, and the upper from below, and shortening them so that the foot will come near the foot-board—the upper strip passing in front of the pubes and the lower a short distance from the perineum.

Strips of cotton or linen cloth two and a half inches wide are now placed on the upper longitudinal bars, and pinned, so that they form a double inclined plane on which the limb may rest. These suspension strips are placed in contact with each other, and, being distinct, any one may be removed and replaced to insure cleanliness, when necessary, without disturbing the limb.

The limb is then prepared by placing broad strips of adhesive plaster on either side of the leg, and securing them in the usual manner by a roller. It is then placed on the suspension strips, and the free ends of the adhesive plasters placed around the foot-board and secured to it. A strong cord is fastened to the middle of the foot-board at a proper height and passed over a pulley which is to be screwed into the foot-board of the bedstead. A bag containing from five to twenty pounds of sand is attached to the cord, and this weight serves as an extending force. Two or more bricks are placed under each of the legs of the bedstead at the foot, thus elevating it four or six inches, and allowing the weight of the body to serve as the counter-extending force. Thus the limb is suspended so that the air circulates freely under and about it.

The degree of comfort secured to the patient by this apparatus will be seen from the degree of comfort which it affords the patient, as free circulation of the air is

permitted, and in the readiness by which extension can be made without concentrating the necessary pressure upon any one spot so as to cause excoriation and ulceration at the heel or perineum; the free use permitted to the bed-pan; and in the opportunity which it allows for applying topical treatment, such as irrigation, ice, etc., etc.; and also in the facility which it gives for removing soiled dressings, etc., etc., without disturbing the injured limb.

It has been recently employed at Stanton Hospital in the treatment of thirteen cases of gunshot fracture of the femur, and ten cases of gunshot fracture of the tibia. This experience demonstrates that Hodgen's splint fulfils the indications for treatment in cases of gunshot fracture (compound comminuted) of either the femur or the tibia, better than any other apparatus, and on that account is earnestly recommended to the consideration of all surgeons who treat this class of injuries.

On a new method of performing Iridectomy.

Dr. Julius Homberger, of New York, editor of the *American Journal of Ophthalmology*, furnishes the following communication to the *American Medical Times* on a new method of performing iridectomy. A great difficulty in performing iridectomy for the purpose of diminishing intra-ocular pressure, consists in the removal of the iris *to its ciliary insertion*. Another necessity, which is also not easily accomplished in many cases, is the excision *of a large piece* of the iris. As it is necessary to go far beyond the margin of a dilated pupil with a lanceolar knife, in order to get a large corneal wound, the danger arises of injuring the lens, which is considerably pressed forward in glaucoma. Again, the instances are not rare where even experienced assistants fail to cut off the iris to the edge, and thus cause a negative result of the operation.

It is not my intention to analyse or to criticise the different modifications which have been invented by Von Graefe, Arlt, Froebelius, Bowman, and others, with a view to do away with these difficulties. No practical eye-surgeon will deny that, in spite of all modern propositions, the execution of iridectomy is still attended by the above-named inconveniences. Therefore, though the method which I am going to describe has not yet stood the test of numerous experiments on living subjects, I do not hesitate to recommend it to the readers of this Journal for further trial, confiding in the easiness of its performance and the certain results which it seems to promise.

With a cataract knife, the point of which, directed towards the centre of the globe, is pushed into the sclerotic at a distance of half a line from the margin of the cornea, a linear opening is made, which, by mere pushing forwards of the knife, is lengthened in a radial direction, until the cut reaches three-quarters of a line beyond the edge of the cornea. During the performance of this cut the back of the knife does not for one moment leave its direction towards the centre of the eyeball. The knife is then gradually withdrawn, so that the aqueous humor is slowly evacuated. By this first act of the operation the anterior chamber is opened, and the iris fissured, from its ciliary insertion, up to a point about half a line distant from its periphery.

The second act of the operation consists in the introduction into the wound of one branch of a fine, but strong pair of scissors, slightly curved latterally. The point of one branch of the scissors is introduced along the posterior surface of the cornea into the anterior chamber, and its cutting edge laid into the angle formed by the junction of the iris and cornea. By one or two movements of the scissors, a wound is produced corresponding with the size of the piece of the iris which is intended to be removed. It will be necessary, in order to introduce the scissors far enough, to enter first but a little way into the wound made by the knife, and to enlarge it by a small, almost rectangular incision.

In the third act, a common iris-forceps is introduced into the anterior chamber, but not in a diagonal direction, as usually. With its points the operator takes hold of that part of the iris next to the angle of the wound, and, by a slight traction (in the direction of a tangent touching the margin of the cornea in the wound), he tears the already fissured iris up to the pupillar margin, and then, by continued pulling, he severs it from its ciliary insertion. As soon as the iris is torn off up to the opposite angle of the corneal wound, the operator himself, or an assistant, removes the separated segment of the iris, with either knife or scissors.

The advantages of this method I wish to condense in the following points, and would be glad if by my proposition of a more convenient way of performing iridectomy I had contributed a mite to the universal diffusion of this important operation.

1. The opening in the anterior chamber is made in such a way that the instruments do not in any way come in contact with the pupillary region, and there is therefore no danger of injuring the lens.

2. The inner edge of the corneal wound is made with much more certainty in the junction of iris and cornea than with either knife or lance.

3. The tearing of the iris from its insertion loses by the previously made fissure of that membrane the danger of an accidental dialysis, while it insures a peripheral pupil with more certainty than if the iris is cut off after having been dragged out in the manner hitherto practiced.

4. The cutting off of the iris may be performed by assistants of little experience, because, even if not well executed, it does not, as in the usual methods, make it dangerous or even impossible to resume hold of the iris.

Finally, I may be permitted to remark that I do not consider the division of some fibres of the ciliary muscle (Haucock) of great therapeutical importances, but that I think, that the angular opening, which allows a part, at least, of the aqueous humor to escape for some time, is very favorable to a gradual diminution of intra-ocular pressure. The importance of a compressive bandage during the after treatment, may, by this circumstance, be considerably lessened, or even totally annulled.

New Method of Treating Small Pox,

Dr. Danl. Lord, in the *Amer. Med. Times*, thus describes a new method of treating small pox in the British Army, in China. "When the preceding fever is at its height, and just before the eruption appears, the chest is rubbed with croton oil and tartar emetic ointment. This causes the whole of the eruption to appear in that part of the body, to the relief of the rest. It also secures a full and complete eruption, and thus prevents the disease from attacking the internal organs."

Bursæ.

Prof. Skey has never found tinct. of iodine and blisters effectual in the treatment of Bursæ. In the *Lancet* he recommends, that an abscess of the bursa be formed by passing through that growth a stout silken thread. This usually requires three or four days and may be known when accomplished by pain in the swelling, and the existence of a red halo around the opening made by the needle. When suppuration is fully established the thread should be withdrawn. The abscess into which the bursa has been converted is amenable to the same treatment as an abcess elsewhere.

Of course the more chronic and solid varieties pass later into suppuration than the more recent formations. Adventitious bursæ known as *ganglions*, presenting in the hand, foot or wrist, are successfully treated by entirely evacuating the contents, and retaining the walls in apposition, by a compress. In twenty-four or forty-eight hours a cure will be effected.

Plasticity of Blood-Corpuscles.

In the proceedings of the Royal Society, Dr. SHARPEY remarks: "The plasticity of the blood-corpuscle is unrivalled by any other physical body. It will assume all sorts of protean shapes under the slightest influences elongating to a mere thread; it will pass through a narrow chink; it will enwrap itself round an acute, projecting angle or protrude feelers and tails under the influence of currents. In its natural state, it possesses sufficient elasticity to resume its original shape on the cessation of the modifying influences; but when gum or gelatine has been added, or when the plasma has been permitted to thicken spontaneously, the corpuscle retains any form it may have assumed till again altered by fresh influences."

Sugar as Food,

Mr. ADAMS in a recent paper on the "Uses of Sugar in assisting assimilation of food," says: "I know by experience the difference in nutritious effect produced by the flesh of tired cattle on a march, and those slain in a condition arising from abundant food and healthy exercise. Of the former almost any amount might be eaten without the satisfaction of hunger, whilst in the latter a much smaller quantity sufficed. I also discovered that certain other food of a different quality, such as grape-sugar and fruit would help the tired meat to assimilate, and thus remove hunger. Puddings and fruit tarts are not, therefore, simply flatterings of the palate, but digestive agents; provided always, they themselves are not made of rebelliously indigestible materials. We see the fondness of artisans for confectionery, and of patients just discharged from hospitals asking for sweets in preference to good substantial food, as examples of a correct instinct. There is no doubt that in children, in whom the requirements of growth call for a rapid and efficient transformation of food into tissue, the demand for sweets is very imperious; and parents should understand that the jam-pot will curtail the butcher's bill, and increase the amount of nutrition extracted from beef and mutton.—*Annual Scientif. Discovery.*

Wounds of the Brain.

M. FLEURENS has embodied in a memoir to the Academy of Sciences, a series of experiments performed by him for the purpose of ascertaining the curability of wounds of the brain. When the skulls of dogs or rabbits had been trepanned and a small opening made through the dura-mater, he inserted bullets into the wound, these bullets gradually penetrated through the cerebral matter of their own weight. When the ball was small he found that the whole thickness of the lobe or cerebellum might be traversed by it without visibly interfering with its functions. The fissure made by the passage of the ball remains as a canal for some time; it then closes up and cicatrizes. In one case of a rabbit, the ball was placed in the posterior part of the cerebellum, immediately above the vital point, (*noed vital* of Fleuron). When the ball had reached that part and had exercised a certain degree of pressure, the animal died.

Terchloride of Carbon.

Mr. BRYANT states, in the *Med. Times and Gazette*, that for many years he has been in the habit of employing at Guy's Hospital the terchloride of carbon as a stimulating lotion and disinfectant. It is found especially useful in sloughing ulcers, and may be used also with advantage to the ordinary indolent ulcer. The odor is agreeable and its effects easily witnessed. In gangrene and sloughing phagadena it may be used in a more concentrated form with marked results. The usual strength of the lotion is from xx ℥j to ʒiss of the drug to an ounce of water.

A Substitute for Brandy in cases of Exhaustion.

In the *Trans. Obstetrical Soc.*, Dr. DRUITT recommends for this purpose, lean beef, chopped up, inclosed in a jar and subjected for an hour or more to heat, when it will separate into three portions, fat, fibre and liquid essence. Strain off the last and separate the fat by means of blotting paper, when a clear amber liquid is obtained of an intensely aromatic smell and flavor, very stimulating to the brain. Different samples of meat yield different quantities of it, and it contains a variable proportion of gelatinous matter; when prepared from old lean meat it is darker in color and contains scarcely any gelatinous matter. It yields on evaporation about one sixteenth of solid residue which soon effervesces on exposure to the air from the saline matters contained. This is not intended as a substitute for common beef-tea, but it is recommended as an auxiliary to and partial substitute for brandy in all cases of great exhaustion or weakness, attended with cerebral depression. It is free from bulk and exerts a rapid stimulating power over the brain. In the sequelæ of severe and exhausting labor it is invaluable.

Chronic Ulcers.

In the *Lancet*, Dr. SKEY remarks, that the larger the size the more chronic the ulcer and the more aged the patient, the greater will be found the good effects of opium. To such a one give each night and morning, ten or fifteen drops of tincture of opium. In five or six days you will observe at the base of the ulcer, minute papillæ as they appear to be, which gradually assume the identity of healthy granulations and soon entirely cover the surface of the ulcer; the margin becomes depressed and we so observe that cicatrization has commenced. Do not interfere with the bowels nor fear injury to the constitution. The salutary action is secured through the healthy influence it exercises upon the constitution

Action of Quinine.

I long have doubted, says J. HUGHES BENNETT in the *Lancet*, the reputed tonic properties of quinia. As a means of increasing the appetite and imparting strength, we annually see large quantities of this substance wasted. Opium acts on the brain, strychnia and conium on the spinal cord, and other alkaloids have their special actions on special portions of the nervous system. So too does quinia operate in special parts of the nervous system through the blood-vessels. That portion is the ganglionic system; controling and diminishing those phenomena of fever which physiology has proved to be produced by their irritation or injury.

To Distinguish Artificially Colored Wines.

As the real coloring matters of wine is of different solubility in water free from tartaric acid, BLUMB proposes to make this fact of practical use in testing the purity of wine. A crumb of bread saturated in the supposed wine is placed in a plate of water, if artificially colored, the water soon partakes of the color, but if natural, a slight opalescence only will be perceptible after a quarter of an hour.—*Ellsner's Chem. Mittheilungen*

Smallest Human Brain on Record.

In the transactions of the Anthropological Society, Dr. GORE furnishes an account of a female aged forty-two years whose brain without the membranes weighed two ounces and five grains, it being the smallest mature human brain on record. She was five feet high and her intellect was infantile. The brain of the adult male averages forty-nine ounces, in females it averages forty-three and a half ounces, giving forty-six ounces as the general average of the human brain.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JUNE 4, 1864.

☞ The absence of the editor from home for most of the time during the past month we trust will be accepted as an excuse for whatever has been lacking during that time, particularly in the editorial department. He is "lengthening his cords and strengthening his stakes" in view of the commencement of the new volume in July, when some important changes, much to the advantage of subscribers and the profession, will be announced.

THE BRAINS OF CRIMINALS.

"The doctors and lawyers are every year adding new and curious chapters to the treatises on medical jurisprudence. The number of cases in which insanity is put forward as a justification for crime is increasing so rapidly, both here and in England, that the moral as well as legal responsibility of individuals for their acts, and above all, for their criminal acts, bids fair to disappear altogether. The following curious testimony was given in court in this city, the other day, upon a murder trial which was concluded yesterday:

"'A. The general effects of injuries upon the head relate to injuries to the brain; a man who has received a severe blow on the head, even if the skull be not broken, is more or less stunned; these kinds of injury often produce very serious results upon the mind and the moral condition of the mind.

Q. Upon slight provocation what would the effect be?

A. The general effects of compression, and by compression I mean the effect upon the brain from a severe blow upon the skull; it effects the action of the brain, sometimes rendering a man imbecile, sometimes very irascible; for instance, a man may receive a very severe blow on the head, and recovers from the immediate influence, resumes his occupation, perhaps, but from some slight cause exciting the brain, drinking a little too much, or becoming excited by anger, or even from indignation; these particular causes may stimulate the brain so as to cause it to act in a very singular way, upsetting the intelligence and, perhaps, overruling the judgment.

Q. How as to domestic difficulty?

A. That comes under the same clause; any moral and physical cause would have that effect.

Q. What would be the effect a month afterward as to power over the will in case of slight provocation?

A. It would render him more irascible; he would lose his head, as it were; his passions would get control of his judgment; these are the general effects not only in my experience, but as laid down by the authorities."

This, put into plain English, means that if a man should receive a smart blow on the head, heavy enough "to stun him more or less," and he should afterward prove irascible, or become excited by anger, indignation or hard drinking, and "his passions should get the control of his judgment," and he should stab or shoot the object of his wrath, we are bound to infer that he is an irresponsible lunatic. A more dangerous doctrine was never propounded in any court of justice, and we should be astonished at it, if anything could astonish us, after the evidence given by the doctors two years ago in the great Windham case in England. The fact is, that so little is known about the condition of the brain, either in health or disease, and the relations between it and the will are so very obscure that the opinions of medical men on these points are generally as pure speculation as an inquiry into the origin of evil.

There is hardly a ruffian in this city whose brain may not be fairly presumed to be in an abnormal condition, either from blows, or falls, or excessive use of bad whisky; and if we are to suppose every time he gets into a rage, and knocks somebody down, that it is the result of a morbid condition of the nervous fibre, we shall have to abandon all attempts to punish crime.

Moreover, it will not do to punish criminals who are simply constitutionally "irascible," who have inherited a savage temper—if we let all those escape who can show a scar on their skulls; for whatever difference there may be in the cause of a man's bad temper, there can be no difference in its bearing on the freedom of their will. There are thousands of people, as we all know, whose passions get the control of their judgment "from some slight cause exciting the brain, from drinking a little too much," or from "becoming excited by anger, or even from indignation," whose crania have never received the slightest injury; and yet the seat of the mischief is as undoubtedly in the brain, as if there were a big hole in the top of their heads. In fact, the description given by the doctor, in the passage we have just quoted, of the condition of a man's temper "who has just received a severe blow on the head," will apply, without a word of alteration, to that very large, and, on the whole, very worthy class of the community known as "bad tempered people," but whose sanity is never brought into doubt by their excitability.

In short, distinctions in the responsibilities, as moral agents, of men who are competent to transact the ordinary business of life, based on doctor's guesses as to the condition of their brain, are such as cannot possibly be noticed in a court of justice without great danger to society, and ought never be noticed without great caution.

It is only at the great and final reckoning that proper allowance can be made for that portion of our sins which may be due to a morbid condition of our physical organization. It is for people who let "their passions get the control of their judgment," from whatever cause, be it drinking, knocks, or ignorance, that laws are made, as it is this class that generally commits the crimes; and if we refrain from punishing them until we are able to ascertain the exact condition of their brains, and the precise degree of freedom enjoyed by their will at the moment of their committing a murder or an assault, we may shut up the jails, and leave every man to provide for his own safety."

The foregoing article from the *New York Daily Times*, relates to a subject of great pathological, as well as judicial interest, and affords an opportunity for a wide discussion.

We can readily conceive a case in which the setting up of such a defense as is here alluded to might prove the hardest kind of knot for both lawyers and doctors to try their skill upon, and which there would be little hope of untying except after the manner of the Gordian knot itself, or by the hangman's noose. The autopsy of a brain which had once been *compressed* by a blow upon the skull, though recovery without external cicatrix might ensue, would be the sole means of determining whether such an abnormal condition remained, as would lead, under unusual excitement, to a loss of reason, or self-control, and excited to actions of a dangerous character. It

can hardly be expected that a structure of such exceeding delicacy as the cerebral substance, can be restored to a *perfectly* normal condition, after a severe shock from a blow, and the inflammation naturally ensuing.

This is a point of medical jurisprudence demanding the close study of the physiologist and pathologist, and though, from the very nature of the subject, slow progress will necessarily be made in arriving at a conclusion, it is worthy their time and talents.

The microscope might reveal some very important physical cerebral changes. But, as before hinted, conjecture is our sole reliance at present for judgment in such cases, and in the meantime let our systems of prison government be made more reformatory—let our jails be something more than mere places of punishment—let them be converted into schools where rewards follow habits of industry in labor and study, and so the mind and body both become habituated to other and better thoughts and practices, than are inculcated in the vicious circles of freedom in which the criminals have been educated before incarceration. Were such reforms instituted and carried out in our prisons as are prescribed in the Gospel of Christ, we should have far less trouble with such nice psychological questions as that discussed in the foregoing article. The fault lies more in governmental management than in the schools of law or medicine, and upon government must rest the responsibility of relieving the republic of a large portion of the burdens of this kind which now afflict it.

Notes and Comments.

Hypodermic Medication.

Dr. C. B. Gilbert, of Detroit, Mich., in a business note speaks in the highest terms of the prompt and safe effect of hypodermic injections of morphia, not only in cases of neuralgia, but for the excrutiating pain attendant on rheumatism affecting the joints. Have any of our readers had any experience with solution of atropia as a hypodermic injection in superficial neuralgia, and if so, in what strength do they employ it?

Wound of the Heart.

Dr. L. G. Hicks of Simpsonville, Ky., mentions in a business note, a remarkable case of wound of the heart which came under his observation. He says, "A man shot through the left ventricle of the heart *was moved four miles and lived forty-eight hours*, and was perfectly rational." The nature of the wound was revealed by a post-mortem examination. It would be interesting to know to what extent cases of wound of the heart have come under the observation of the profession since the commencement of the war. We hope that any of our readers who may be cognizant of such cases will report them.

Correspondence.

FOREIGN.

LETTERS FROM Dr. W. N. COTE.

Paris, *May* 12, 1864.

Ventilation of Sleeping Apartments.

Mr. W. C. Burder writes the following on the ventilation of sleeping apartments: "On an average, I suppose, one-third of a man's life is spent in a sleeping room and in such room he breathes an atmosphere which, in the majority of cases, even among the middle and upper classes, is a poor supporter of life. If he be robust, he may not be able to detect the effect, of the indifferent air, but it is very likely that where a man, under ordinary circumstances, now lives to the age of seventy, with pure air all his life in his bed room he would live to the age of eighty. To those who are not robust the difference between pure and impure air for a third part of life is of vital importance, and turns the scale. To change the air of a room at night, and to introduce fresh air from without, must be attended with a fall of temperature which even the robust do not relish, and those who are not robust cannot possibly endure, unless vigorous mechanical means are adopted to supply the heat which is abstracted by the introduction of the cold external air. Looking at the subject in this light, it occurred to me to try the plan of partial ventilation. A sleeper remaining in one part of the room does not require that the whole room shall be ventilated, I soon found that on the partial ventilation principle the great temperature difficulty could be overcome in a very simple manner, and in a most inexpensive one. If a tube which has direct communication with the external air, and its internal opening near the sleeper be sufficiently long and thin, either in coil or elongated, to allow the air in passing through it to attain the same temperature as the average air of the room a person lying in bed may breathe pure air all night without suffering from draught, and indeed, he may so manage the simple machinery by which the air is con-

veyed to him, that he may only perceive a delightful freshness in the air. I have tried the plan and found it answers.

Medical Statistics of France.

The number of physicians, surgeons, and officiers de santé in the eighty-nine departments of France, is, at the present moment 17,323. The departments of the Seine including the city, has for its share 1,384 physicians and surgeons, and 241 officiers de santé. The officiers de santé, you are aware, are an inferior grade of practitioners, resident for the most part in small towns and country districts who undertake the ordinary exigencies of practice, but they are legally prohibited from the performance of the more serious operations. They are not required to possess the degree of Bachelor of Sciences, and are subjected to a lower class course of study and examinations.

On the treatment of Itch.

Dr. Hardy candidate for the section of therapeutics in the Academy of Medicine, lately presented to that learned body a paper on the mode of treatment for the cure of itch employed at the hôpital Saint Louis. This treatment, founded upon the fact that itch is caused by the presence of a parasitic arachnid *Acarus Scabiei* consists in the employment of the following means: 1. Friction on the whole cutaneous surface, except the head, with black soap, during half an hour, in order to cleanse the skin. 2. Bath in tepid water during an hour, whilst continuing on the friction so as to soften, the epiderm and cause it to swell and open the furrows wherein the acari are concealed. 3. A rough and general friction with an ointment containing for every hundred grammes (three ounces and two drachms).

Lard, ...	64	grammes	or about one ounce and a half.
Sulphur, ...	20	"	(5 drachms.)
Sub-carbonate of potash,	8	"	(about two drachms.)
Water, ...	8	"	"

After this friction, the patients put on their clothes without wiping off the ointment the contact of which is necessary to the skin during several hours in order to destroy completely the acari in the integument and those that might be found in the clothes themselves. From 1852 to 1862, at the hôpital Saint Louis, 37,429 patients had been submitted to this treatment (26 650 men and 10,779 women). Of this number 535 had undergone a second application of this method, thus giving 69 cures on 70 patients. Since the introduction of this mode of treatment the patients suffering from itch do not remain in the hospital, so that the administration has been enabled to place at the disposal of patients afflicted with more serious diseases, 120 beds formerly employed for the special reception of itchy patients.

W. N. Cote.

Paris, *May 19th*, 1864.

The Study of Medicine in Paris.

For the benefit of the American medical students who may purpose taking a diploma of medicine and surgery at the faculty here, I think it right to give them the following details which might prove of some service to them. Four years is the period required for pursuing the obligatory studies in the faculty. The student has to take out sixteen inscriptions—one every three months—authorizing him to attend the courses; the expense of these amounts to 640 francs, being 40 francs for each. Before taking out the first inscription, he must possess the degree of Bachelor of Letters and Sciences—a degree equivalent to that of Master of Arts in the United States. The attendance of students on the medical courses is recommended but not enforced in the following order: 1st half year, anatomy and dissections, physiology, chemistry; 2d. medical physics, organic chemistry, hygiene, medical natural history; 3d, anatomy, physiology, pathology, surgery; 4th, hygiene, medical pathology, pharmacy; 5th, operative surgery, medical and surgical pathology; 6th, clinical medicine, clinical surgery, materia medica; 7th, clinical medicine and surgery, medical pathology; 8th, medical jurisprudence, therapeutics, midwifery, pathological anatomy.

Students are compelled to undergo five examinations—one at the end of each scholastic year upon the subjects which have been studied during the preceding period. If the examination be satisfactory the student receives a certificate of aptitude, for which he pays 40 francs—the fee for each examination is 50 francs, that for taking out the diploma 100 francs, for printing the thesis 100 francs. The fifth examination—the general and concluding one—must be undergone at the close of the period of medical study. Students are, moreover, required to produce at the *beginning* of the corresponding trimestrial periods certificates from the administration of hospitals stating that they are attached to the clinical service, and at the *termination* of these periods certificates delivered by the attending physician, and confirmed by the inspectors of the hospitals, affirming that they have attended regularly. The scholastic year is divided in two sessions, that of winter from the 15th of November to the end of March and that of summer from the first of April to the middle of August thus leaving three months' vacation. Besides the public lectures delivered by the professors, private courses are also given by the *agrégés* or assistant, who are attached to the faculty, and compete for professorships, when vacancies occur, as also by other teachers authorized by the Minister of Public Instruction. The lectures usually delivered at the *Ecole Pratique* enter into a more detailed account of the subject treated of than the former, and being of a more practical nature are more servicable as regards elementary instruction; the students, moreover, are directly superintended by the teachers, who, can note whether they attend regularly, which is impracticable in the professors' larger classes. This private instruction is not intended to supersede that which is official, inasmuch as it can confer no title to the requisition of degrees, but as an adjunct to public instruction it is highly useful. During the winter sessions students dissect and are exercised in sur-

gical operations; in summer, in chemical and pharmaceutical manifestations, the application of bandages and apparatus, and in obstetric manœuvers. The lectures, both at the faculty and at the Ecole Pratique, are entirely free for strangers or students who do not intend to follow a regular course. Attendance on them does not entitle the students to pass their examinations. They can only do so by taking out the inscriptions. Regular students may, if they choose, compete for the post of *interne* (which is of an analogous nature to that of house physician or surgeon in America) or that of *externe*. The *externes* are dressers, etc. The trial consists of questions and answers, and a written composition. Besides the courses of lectures mentioned above, and which constitute the usual curriculum of medical studies, supplementary courses are given on diseases of the skin, diseases of children, diseases of the eye, histology, disease of the urinary organs, syphilis and nervous diseases.

Artificial Larynx.

M. EDMOND FOURNIER at a late sitting of the Academy of Sciences produced an artificial larynx composed of an india-rubber pipe and several keys and pedals, by means of which the action of the natural muscles is imitated and sounds similar to those of the human voice are produced. This apparatus is constructed according to the inventor's theory of the production of sound, founded on a long and patient investigation of the construction and action of the larynx.

Observations on the Blood.

Professor PIGRE writes on the hæmoliposis of the globules of the blood. He shows from his experiments that blood may undergo an alteration resulting from the formation of a fatty substance which accumulates in the red globules. This fact which he had hitherto only observed in extravasated blood, but which he has now also remarked in blood still circulating in its vessels, seems in his opinion to explain certain cases of death in which no apparent alteration appears to have taken place in the organs indispensable to life.

Photography of Nervous System.

Dr. DUCHESNE, of Boulogne sends in at the Academy a series of miscroscopic photographs of the nervous system, with a letter stating that it is his intention to represent the whole nervous system both in its normal and pathological state through the medium of photography. His specimens admit of being magnified from 200 to 1,000 times.

Phosphor-Necrosis.

The deleterious effects of white phosphorus upon the health of the workmen engaged in making lucifer matches, have long attracted the attention of medical men. In 1845, Dr. LORINSER of Vienna, published nine cases of necrosis in the jaw-bone, five of which terminated fatally. At Lyons, the Commission of Public Health, some years ago discovered twelve similar cases, and ascertained that one workman out of ten was liable to be attacked with that affection. In 1847, M. SHRETTER discovered that phosphorus, at a certain temperature, acquired different properties, such as a change of color from white to red, the loss of its peculiar smell of garlic, and that of shining in the dark. These characteristics of red or amorphous phosphorus, so different from those of the white kind, induced M. CHEVALLIER to try whether it might not be advantageously used in the manufacture of matches. Some experiments made by Dr. BUSSY at the same time proving the innocuousness of red phosphorus, taken internally, it only remained to be seen whether, combined with chlorate of potash, it would catch fire; and this having been satisfactorily ascertained, there is now no reason why the use of white phosphorus should not be prohibited by law, as is now proposed by Dr. TUNEL. He states that workmen engaged in the manufacture of lucifer matches, with white phosphorus soon experience difficulty of digestion, sore throat, and a bad cough. If they continue in the same trade after these symptoms, they are exposed to the mortification of the jaw-bones, chiefly the lower one. This disease generally commences with toothache, especially if the teeth are decayed, then the gums become swollen, a suppuration ensues, and the teeth fall out of their sockets one after another. The pain then ceases, the bone is laid bare, and the style shows the existence of necrosis on a more or less considerable surface of the bone. One half of the patients attacked with necrosis from phosphorus died of it, and when they do not, a deformity remains, which moreover renders mastication and articulation of sounds extremely difficult. A visit paid to a manufactory of lucifer matches will convince the most incredulous from the acrid stench which prevails everywhere of the dangerous effects of such a trade.

Precautions against Poisoning.

In order to prevent as much as possible accidental poisoning, chemists have had recourse to Thouger's patent bottles, the ordinary dispensing label of which is surrounded by sand, and a portion of the bottle covered by the same material which being *felt* by the dispenser or patient in handling the bottle at once shows that it contains some dangerous preparation. Mr. BIRD, a Liverpool chemist lately exhibited his safety poison bottles and corks. His contrivance would seem to be still more effective than that of Mr. THOUGER. It consists of a stopper or cork, having sharp angular points, which cannot be removed without inflicting considerable pain upon the hand, unless the dispenser puts down both the dispensing glass and the medicine bottle. By this contrivance any one using the bottle would be so distinctly reminded that it contained poison that a mistake could not occur even in the dark.

The Cure of Cancer.

I see that the American papers publish a specific for cancer said to have been discovered by a French physician, Dr. BERGERON. Chlorate of potash applied both internally and externally, is, according to

that physician, a specific remedy in the case of cancroid affections of the skin and mucous membranes of the mouth. It is pretended that chlorate of potash used externally in lotions or continuous applications will cure these affections in the course of six months at the least, without administering any of the salt internally, and that, on the other hand, the salt exclusively administered internally, producing no effect at all. Now medical practitioners are well aware that as yet no remedy we might call a specific has been employed against cancerous affections. Chlorate of potash acts the part of an active caustic and cannot be considered a specific any more than the chloride of zinc, an article successfully used by Canquoin in the form of a paste which, as you are aware, is composed of two parts of chloride of lime and one of chloride of zinc mixed with paste of wheaten flour and applied to the part, the cuticle of which has been previously removed by a blister. It has been employed with manifest improvement in the appearance of the sores, but without permanent effect. The *pâte arsénicale* is a favorite of many of the most eminent French surgeons in cancerous affections. This is usually composed of seventy parts of cinnabar, twenty-two of sanguis draconis, and eight of the oxide of arsenic, which are made into a powder, and formed into a paste with saliva at the time of applying it. As regards local remedies, experience demonstrates that such only can be relied on as will eradicate every particle of the scirrhus mass, complete extirpation by the knife or by active caustics is, especially in the advanced stage of the disease, the only method of treatment we can have recourse to. Cancer may be arrested in its progress for a time, but that it is susceptible of complete cure, is more than the present state of medical science would warrant us to affirm.

W. N. Cote.

A German Hospital in Paris.

N. B.—Several of the principal German residents in this city, have conceived the laudable project of founding an hospital in the French capital for their poor fellow countrymen.

DOMESTIC.

Statistics of Births.

Dr. J. P. Alcorn of Ravenna, Ohio, in a recent communication gives the following statistics of births that have come under his observation within the past few years. We trust that others will be induced to record their observations on the subject.

For several years past I have taken some pains in registering the births that I attended, noting the gender and time of birth.

Of the 242 children born under my observation, there were males 155 and females 87.

There were males 61, born between 12 and 6 A. M., females 31. Males born between 6 A. M. and 12 M., 23, females 19. Males born between 12 M. and 6 P. M., 37, females 16. Males born between 6 P. M. and 12 P. M., 34, females 21. The number born between 6 A. M. and 6 P. M. is 95; between 6 P. M. and 6 A. M. 147.

In making out the statistics I am surprised to find such a preponderance of male births over female.

Of the 242 births, 18 were in January, 25 in February, 18 in March, 25 in April, 25 in May, 18 in June, 21 in July, 14 in August, 18 in September, 16 in October, 22 in November, 32 in December.

By this I learn that February, April and May stand foremost as birth months, while August and October are the least productive. How do these statistics compare with the observations of your readers?

I have never noticed a table similar to mine since I commenced reading medicine.

What is the extreme period of Gestation in Women.

Editor Medical and Surgical Reporter:

I propose briefly to narrate two cases which have occurred in my practice, and endeavor by their aid to show that pregnancy may continue much longer than is commonly supposed.

Case I. Mr. H., of Benton county, Oregon, informed me, about the first of November, 1853, that his wife would need my services about the middle of that month, and asked me to be at my residence so that I could be called in case of need.

About November 15th, he had me take up my board at his house, on account of being obliged to be absent some days. (It was a new and sparse settlement.) On the 14th of February, 1854, Mrs. H. was delivered of a male child which weighed 15½ pounds. Both mother and child did well. There was nothing peculiar about the case except the duration of pregnancy. When a woman who was present told the weight of the child to a neighboring man, he made reply that it ought to weigh that much, for it was eighteen months old! The remark is given to show that the neighbors had expected the event to occur long before it did.

Case II. About the last of June, 1863, the husband of Mrs. C., told me that she had already gestated beyond her time. July the 15th, I was called to see her. The child descended into the superior strait, but after a short time I found that labor would not occur at that time, and therefore left.

From this time on, I was repeatedly called, and three times found the os uteri dilated to about the size of a half dollar, and the head of the child occupying the superior strait. Annoyed at being called so often, I administered borax and a large dose of ergot. The only effect was to quiet the uterine action, and concentrate the pains in the small of the back.

After trying all emanagogues I could think of without avail, I gave up in despair and waited for Dr. Time.

August 9th, the water broke but there were few other symptoms of labor, therefore I was not called. From this time on, I was called repeatedly until the

24th, when she was safely delivered of a male child. The labor commenced in earnest at about 9 A. M. and progressed very irregularly until the last hour of its continuance, when it became extremely violent, it ended at 7 P. M. But one untoward symptom happened during the whole time; on the 17th of August she became very numb, when I drew one quart of blood from the arm. The pulse did not indicate necessity for blood-letting, nor was it sensibly altered by the quantity taken. Weight of child, 9½ pounds.

In view of these two cases I ask, how long may pregnancy continue? Will any sensible, professional man say that there was a mistake of three months in the first case, or of two months in the last, especially as the latter was one continuous labor for over six weeks. Allow for three weeks between the cessation of one monthly period, and the commencement of another, and yet you have in one case over two months, and in the other, over six weeks to account for.

G. P. Bissell, M. D.

King Co., Washington Territory.

News and Miscellany.

Army of the Potomac.

A correspondent of the London *Med. Times and Gaz.*, whose letters from the Army of the Potomac we have quoted, furnishes some interesting particulars in his last communication of Feb. 14. He represents the present condition of that army as in an excellent sanitary state. During the winter the troops have been well housed and fed, and the sickness and mortality rates are consequently very small. He thus describes the Division Hospitals of the Second Army Corps:

"The Division Hospitals of the Second Army Corps situated in the neighborhood of Brandy Station, from the elegance of the style in which they are got up, resemble far more pavilions built for some rural *fête* than the cheerless notion one might preconceive of a field hospital raised upon debatable ground. All the tents are floored, and furnished with fireplaces. Requisitions were sent in for stoves, but they were disapproved. In front of the tents are promenades, garden plots, evergreen bowers, tasteful fancies executed in moss. One can scarcely realize that this ground in December was a thick-set forest, yet so it was. This hospital can accommodate from two hundred and fifty to three hundred patients. To each of its three divisions are attached a well-furnished sanitary store-room a commodious kitchen, dispensary, and sinks, and to the whole is added a post-mortem room where the bodies of fatal cases are embalmed by the medical officers, in order to preserve them, if required, for transmission to friends in the North. At some little distance from the main structure is a pest-house for the small-pox cases that may occur in the corps. The establishment is altogether a complete affair, and certainly sufficient praise can hardly be bestowed upon those connected with it for the energy and taste they have evinced in its construction."

The rate of sickness and mortality is given as follows:

"The following figures may give you an idea of the rate of sickness and mortality prevailing in this army during the last two months. The camps from which these ratios have been deduced contained an average strength present during the month of December of 12,000 men; during January, 11,900.

	December, 1863.	January, 1864.
Daily rate of sickness per 1000 men present,	36.77	48.02
Death rate per 1000 men present during the month,	2.48	2.44
During the month of January, 1864		
The percentage of fever cases among sick was,		10.74
The percentage of deaths among the fever cases,		2.28
The percentage of diarrhœa among sick,		27.95
The percentage of deaths in diarrhœa cases,		2.55 "

Alluding to the arrival of recruits he notices the shameful neglect of duty by the surgeons on recruiting service. In one company of five hundred recruits, eighteen per cent. were found incapacitated. He recommends that the recruiting surgeon pay, as in the British service, the expenses of a rejected recruit.—*Am. Med. Times.*

The War in Schleswig.

During the first year of our civil war, the Medical Department of our army was for a time the special subject of unfavorable comment. At length, we have an opportunity of witnessing the progress of a small European war, between nations which have uniformly boasted of their military science and the perfection of their preparation. But the reports which reach us from the battle-fields are by no means so favorable to their skill and science as we had anticipated they would be. The following from a foreign medical journal proves that in Schleswig the Austrians and Russians are reacting the scenes which once excited their ridicule:—"The correspondent of the *Vienna Medical Journal*, writing from Schleswig, says that, at the commencement of the war the sick and wounded of the Austrian army were most ill-cared for, but that things are now getting into better order. Wounds, for the most part, heal favorably; and few deaths, comparatively, even after severe wounds have occurred. Pyæmia has not shown itself; but six cases of tetanus have proved fatal. We conclude from the letter, that the Austrian sick and wounded would be in an evil case were it not for the attentions they receive from Schleswig-Holsteiners. The Prussian army is, we also read, in no better condition in its sanitary arrangements than the Austrian. . . . Another correspondent writes from Apenrade a sad account:—The soldiers lying for two days in slushy snow, after long marches, were also half-starved. Even officers, with money in their hands, were scarcely better off. 'Besides the horrors of a winter campaign, we have had the martyr-scenes of wounded lying two or three days in the open air, helpless, without food, without attention, and yet brought still living into the hospital. I saw between Selk and Schleswig, in a field, two wounded Danes and two Austrians, who must have lain there two or three days. Their first word was "hunger."' The French campaign in Russia has been repeated here in a small way. The health of the troops is on the whole, nevertheless, satisfactory.—*Ibid.*

The Medical Officers of the Army.

A correspondent of the *Army and Navy Journal* writes as follows, referring to an article copied from the *Journal* into the REPORTER of Feb. 6, p. 92, of the current volume.

In reading some "Suggestions as to the Medical Department," in a recent number of the Journal, I concluded to offer a short reply through your paper. No one doubts but what abuses have arisen in the medical, as well as in all other departments of the Army. But are they attributed to the sources enumerated by the author of the "Suggestions?" In every class of surgeons in our Army may be found men of worth and merit, of a high degree; and men unworthy, not only of the noble profession they have selected, but of common respect. Common observation proves the fact that competency and sobriety are not confined to any one class of surgeons referred to.

There are old army surgeons who in their day graduated with honor, but who have become exceedingly rusty in pathology and in therapeutics. This is due to the fact that they have given up general practice, and been guilty of culpable neglect of modern works. They are therefore not successful in the treatment of the general diseases of our Army. There are surgeons of volunteers, lately from the schools, that can minutely describe every tissue and nerve—the minutest blood-vessel and smallest fibre—who, at the bed-side of the sick soldier, cannot detect pneumonia from pleuritis, or varicella from variola, or rubeola from scarlatina. They are deficient in what the great BOERHAAVE considered everything: *Ars medica est, tota in observationibus.* Before they learn to detect idiosyncracies of patients, and peculiarity of climate, they catch at some hobby and ride it to death, where most of their patients have preceded.

There are regimental surgeons—some graduates, and others not—who are not adapted to the practice of medicine and surgery,—who, for years previous to the war, had been engaged in avocations disconnected with the profession of medicine, and who availed themselves of the opportunities, through the influence of friends, of obtaining a position in the Army; and they make a merchandise or trade of the most noble of all callings. Physicians and surgeons, who have voluntarily tendered their services for a limited time, like the cases already to referred to, are sometimes incompetent. But, on the other hand, the most skillful and brilliant medical men in the Army may be found amongst that class who have offered their services for an indefinite time. As an evidence of the fact, the medical directors, in their judgment and desire for the welfare of the sick and wounded soldiers, have selected this class of surgeons to fill the most important posts in hospitals, particularly in our large cities. And no one familiar with those institutions will say the appointments are injudicious.

As to the statement that physicians go from private practice into the Army to "replenish their purses," it is extremely absurb. The most common country practitioner could accomplish that object with greater ease in any little country town. Every *physician* should know this. As to the charge of drunkenness and kindred vices, common observation and a reference to the dismissals from service, for such unbecoming vices, will show quite as favorably, and from personal observation, more favorably, to the physicians on contract.

Admitting that the surgeons and physicians accepted under contract can be released at their pleasure, on the other hand, when their services are not required in the medical department, or if found to be incompetent, either from ignorance, or drunkenness, or recklessness, or from any other cause, they are directly under the observation of a medical director, or inspector, and can be unceremoniously dismissed from their position; whereas all other medical officers would have to undergo a process of dismissal that would render their retention detrimental in a greater degree, until it could be effected.

If the author of the "Suggestions" is a surgeon of volunteers, it is not strange that he should suggest the method he has to "*harmonize.*" Most men will consent to be levelled up, but very few to be levelled down. Some surgeons of volunteers would in no manner detract from the most worthy of army surgeons, by being consolidated with them: but others would be a reproach to a country medical society.

In reply to note first, I would "suggest" that, unless those medical men who have extraordinary abilities can be induced to give up a private practice of ten or fifteen thousand dollars a year, and go into the Army for as many hundred, the "first six months" of all others of ordinary ability be dispensed with.

Velocity of Nervous Force.

By means of the chroniscope (veterinarian) M. HIRSCH has come to the conclusion that nerves transmit their impressions at the rate of 34 metres per second. This is in a man, while M. HEINHOLTZ estimates that in the motor nerves of the frog it is at the velocity of 190 feet per second.

State of the Urine in Hepatic Disease.

Dr. EISELT, of Prague, states that in melanotic cancer of the liver, we may sometimes discover the fact from the presence of melanine in the urine. Such urine when exposed to the air assumes in a few hours a dark hue, even as dark as porter. FRERICHS has shown that the substances tyrosine and leucine are invariably to be found in the urine of patients laboring under acute or yellow atrophy of the liver.—*Braithwaite.*

To Powder Camphor and Gum Resins.

Instead of resorting to alcohol as is usually done, reduce the camphor to powder by means of an ordinary kitchen grater. The fine particles retain for use, while the coarser may be reserved for other purposes. Prepared in this manner the powder will keep better than when reduced with a liquid. Gum resins may be powdered if triturated with a few drops of sweet oil of almonds.—*Druggists' Circular.*

The Cotton Famine.

The influence of the cotton famine on the rate of mortality was the subject of a lecture by Dr. Noble at the last annual meeting of the Statistical Society of Manchester. He said he had the best grounds for stating that for the last two years there had been no unusual mortality in the cotton districts.—From the last census it appears that there are, in England and Wales, one surgeon or general practitioner to about 1712 of the population, one physician to 5532, and one dentist to 3505.—*London Lancet.*

Insanity.

The French Government has lately been so alarmed by the medical reports as to the increase of insanity caused by too many intermarriages of parties previously allied to one another by blood, that it has ordered an additional column to be inserted in the baptismal registers to show whether the parents of a child were, before marriage connected with one another, and in what degree.

Roosevelt Hospital.

The Trustees of the Roosevelt Hospital are now busy in selecting a suitable site for the immediate erection of the building, and we learn that it is their intention to secure an elevated, airy, and healthy location away from the city. All the improvements that have recently been made in hospital construction are to be taken advantage of, and the community will doubtless soon be able to realize to the fullest extent the intentions of the munificent donor. There is nothing to hinder its being the model hospital of the country. It is handsomely endowed, and the superintendence of its erection has been placed in responsible hands.—*Amer. Med. Times.*

Army and Navy News.

Duties of Assistant Surgeon General.

WAR DEPARTMENT, ADJUTANT GENERAL'S OFFICE,
WASHINGTON, D. C., *May* 12, 1864.

[General Orders, No. 198.]

To facilitate the prompt transmission of medical supplies to points developed by emergencies, secure the proper distribution and presence of medical officers and their assistants where their services are most required, and to provide comfortable, abundant, and available hospital accommodation for the sick and wounded of the Armies of the West and Southwest, the office of the Assistant Surgeon General is established at Louisville, Ky.

To fully accomplish these important objects, Assistant Surgeon General R. C. WOOD will have immediate control, under the general direction of the Surgeon General, of the Medical Affairs in the Military Department of the Northwest, the Northern Department, the Departments of Kansas, Missouri, and those composing the Division of the Mississippi, except that officers assigned to duty with any Army or Department will not be removed therefrom, unless by order of the War Department.

The orders, circulars, and instructions heretofore published by the Assistant Surgeon General, and such as may in future be required, will be obeyed and respected by all under his jurisdiction.

By order of the Secretary of War.

Official. E. D. TOWNSEND, Ass't Adjutant Gen'l.
Assistant Adjutant General.

Order Respecting Advertisements.

SURGEON GENERAL'S OFFICE,
WASHINGTON, D. C., *May* 26, 1864.

[Circular Letter.]

The following order from the War Department is respectfully furnished for your information and guidance:

WAR DEPARTMENT,
WASHINGTON, *May* 20, 1864.

Accounts for newspaper advertising for the Bureaus of the War Department must be rendered in duplicate, and state upon their face—

The name of the publisher or firm.

The name of the newspaper and the place where published.

The dates between which inserted.

The amount of matter and number of insertions charged for, and rate per square or line; and must be accompanied by a full schedule of the customary advertising terms of the newspaper, unless the same shall have been previously filed with the Assistant Secretary of War.

Accounts must then be verified by the officer by whom the advertisements are signed, stating that the publication was authorized by him, and the number of insertions ordered.

Advertisements copied from other papers, *without authority*, will not be paid for.

The attention of officers is directed to the fact that the practice of ordering advertisements to be inserted "till day" of sale, etc., involves a useless expenditure, in cases where the station of the officer is remote from the place of publication.

Officers issuing advertisements for publication, will, at the same time, transmit copies of the same to the Assistant Secretary of War, stating the newspapers in which they are to be published, and the number of insertions ordered; and whenever only a portion of the official newspapers in any locality are selected to publish any advertisement, the officer will state his reasons for selecting the particular papers in question, and also his reasons for not advertising in the other official papers in that locality.

By order of the Secretary of War.

(Signed) C. A. DANA, Ass't Secretary of War.

By order of the Acting Surgeon General.

C. H. CRANE, Surgeon, U. S. A.

Orders.

Surgeon A. H. Thurston, U. S. V., is relieved from duty in the Army of the Potomac, and will report to the Commanding General, Dep't of Washington.

Surgeon G. H. Hubbard, U. S. V., is relieved from duty in the Dep't of Arkansas, and will report to the Commanding General, Dep't of the East.

Surgeon J. Leavems, U. S. V., is relieved from duty in the Dep't of the East, and will report to the Commanding General, Dep't of Washington.

Surgeon Gideon S. Palmer, U. S. V., is relieved from duty in the Dep't of the Cumberland, and will report to Surgeon Josiah Simpson, U. S. A., Medical Director, Middle Dep't, to assume the duties lately performed by Surgeon Charles Sutherland, U. S. Army, at Annapolis, Md.

Hospital Chaplain C. W. Heisley, U. S. A., will report to the Commanding General, Dep't of the South, to relieve Hospital Chaplain J. White, U. S. A.

Surgeon C. Sutherland, U. S. A., is relieved from duty at Annapolis, Md., and will report in person to the Surgeon General for assignment to duty.

Surgeon Charles Sutherland, U. S. A., is assigned to duty as Medical Purveyor, at Washington, D. C., to relieve Medical Storekeeper Henry Johnson, U. S. A. On being relieved, Medical Storekeeper Johnson will report to Surgeon Sutherland, for duty.

Surgeon J. H. Peabody, U. S. V., is relieved from duty in Dep't of the Missouri, and will report to the Commanding General, Dep't of Kansas.

Surgeon C. F. H. Campbell, U. S. V., is relieved from duty in the Dep't of Missouri, and will report to the Commanding General, Middle Dep't.

Discharges, Dismissals, &c.

Ass't Surgeon N. S. Drake, 16th New York Cavalry, dismissed by sentence of General Court Martial, for conduct unbecoming an officer, by General Orders No. 31, Head Quarters Dep't of Washington.

Hospital Steward John A. Seaton, U. S. A., honorably discharged.

Medical Cadet Francis P. Casey, U. S. A., honorably discharged to enable him to accept the appointment of Ass't Surgeon, 8th New York Artillery.

Surgeon E. M. Seely, 21st Illinois Vols., honorably discharged, having tendered his resignation on account of physical disability.

Private C. C. Ela, Co. G, 10th Maine Vols., honorably discharged to enable him to accept an appointment as Acting Assistant Surgeon, U. S. Army.

Ass't Surgeon James L. Chipman, 39th Massachusetts Vols., honorably discharged on account of physical disability, on recommendation of a Board of Officers.

Ass't Surgeons James A. Emmerton, 23d Mass. Vols., and Samuel C. Whittier, 11th Mass. Vols., honorably discharged at the request of the Governor of Massachusetts, to enable them to accept commissions in other regiments.

Died.

Ass't Surgeon John T. Riley, U. S. Army, on the 5th of May, 1864, at Helena, Arkansas, while en-route frem Little Rock, Ark., to Louisville, Ky., after a few hours illness.

Resigned.

Hospital Chaplain Henry Hopkins, U. S. Army, to take effect May 25, 1864.

Leaves of Absence.

Hospital Chaplain James White, U. S. Army, for sixty days for the benefit of his health.

Surgeons Daniel Meeker and Charles J. Kip, U. S. V., for ten days each.

Appointed.

Ass't Surgeon Lyman Allen, to be Surgeon, 5th Regiment U. S. Colored Troops.

Dr. William A. Spears, to be Ass't Surgeon, 1st Regiment Michigan Colored Volunteers.

Charles Haslam, Robert J. Strong, W. B. Young, and T. D. Smith, U. S. Vols., and Henry C. Saxton of Washington, to be Hospital Stewards, U. S. A.

Assignments.

Ass't Surgeon G. M. Sternberg, U. S. Army, as Surgeon in charge, General Hospital, Cleveland, Ohio.

Surgeon J. J. DeLamater, U. S. V., as Surgeon in Chief, General Shepley's command, Norfolk.

Surgeon M. Goldsmith, U. S. V., to the Red River Expedition, (temporarily).

Surgeon Samuel Hart, U. S. V., as Surgeon in charge, General Hospital, Tullahoma, Tenn.

Surgeon W. A. Conover, U. S. V., as Medical Inspector, 18th Army Corps.

Acting Ass't Surgeon W. H. Curran, U. S. A., to Camp Hospital, Louisville, Ky.

Ass't Surgeon B. McClure, U. S. V., to General Hospital, Madison, Indiana.

Surgeon G. R. Weeks, U. S. V., as Medical Inspector, Dep't of Arkansas.

Surgeon J. J. Craven, U. S. V., as Medical Director, 18th Army Corps, Dep't of Virginia and North Carolina.

Surgeon Henry Everesman, U. S. V., as Chief Medical Officer at Johnson's Island, Ohio

Surgeon W. D. Stewart, as Surgeon in Chief, Reserve Division, Dep't of West Virginia.

Surgeon T. B. Reed, U. S. V., as Ass't Medical Director in the Field, Dep't of West Virginia.

Miscellaneous.

The Barracks at Willett's Point, New York, those recently occupied by the 1st D. C. Cavalry at Washington, D. C., and the District of Columbia Armory, have been turned over to the Surgeon General for Hospital purposes

The Board of Inspectors instituted in Special Orders, No. 514, series of 1863 from the War Department, to inspect the Government Hospitals and Military Prisons in the Dep't of Washington, has been dissolved.

The General Hospital at Willett's Point, New York, will be known as the Grant Hospital.

Surgeon J. G. Keenon, U. S. V., has resumed charge of the Adams' Hospital, Memphis, Tenn.

ANSWERS TO CORRESPONDENTS.

☞ Correspondents will please bear in mind that it is just now exceedingly difficult to get some kinds of work done, and much delay is sometimes caused thereby in filling orders. *Everything is at maximum prices.* Many books are out of print, and publishers are not issuing many new works or editions. Foreign books had better not be ordered.

Dr. R. H. M., Pa.—Parrish's Practical Pharmacy, and Sargent's Minor Surgery, were sent to you by mail 24th inst.

Dr. C. H. P., Conn.—Churchill on Diseases of Women and Children, Sargent's Minor Surgery, Jones' Principles and Practice of Ophthalmic Medicine and Surgery, and What to Observe at the Bedside, were sent by express 26th inst.

MARRIED.

Acheson—Mead.—On Wednesday, June 1st, by Rev. Edwin R. T. Cook, Dr. John C. Acheson, and Emily A. Mead, both of New York City.

Asburst—Pharo.—On June 1st, at Tuckerton, N. J., by the Rev. Gustavus M. Murray, Samuel Asburst, M. D., of Philadelphia, and Louisa Phœbe, daughter of Archelaus R. Pharo, of Tuckerton.

Butler—Gates.—June 1st, at Trinity Chapel, New York, by Rev. A. B. Carter, Charles C. Butler, and Emma, only daughter of Dr. H. B. Gates, of San Francisco.

Gregory—Worthington.—At Christ Church, Cooperstown, on Thursday morning, May 26th, by Rev. S. H. Synnott, Archibald McI. Gregory, M. D., of Jersey City, and Kate D., daughter of John R. Worthington, of Cooperstown.

Mack—Leake.—On the 16th of March, 1864, by Rev. Mr. Havermail, J. M. Mack, Surgeon 113th Illinois Infantry, and Miss Lizzie, only daughter of Hon. C. A. Leake, all of Kankakee City, Ill.

Paine—Penington.—At St. Luke's Church, Philadelphia, on Wednesday, June 1st, by Rev. Dr. Howe, Dr. Horatio Paine, of New York, and Meta Roberts, daughter of John Penington, of the former place.

Whartenby—Solis.—May 31st, 1864, by Rev. Thomas H. Stockton, John A. Whartenby, M. D., and Albionia, youngest daughter of Daniel Solis, Esq., both of this city.

Wheeler—Freeborn.—On Thursday, May 26th, at Christ Church, Hudson, N. Y., by Rev. George F. Seymour, John P. Wheeler, M. D., and Alice F., eldest daughter of the late George Freeborn.

Willson—Budington.—At the Clinton Avenue Congregational Church, Brooklyn, on Wednesday, June 1st, by Rev. William Ives Budington, D. D., A. Duncan Willson, M. D., and Lizzie, eldest daughter of the officiating clergyman.

DIED.

Babbit.—On Monday evening, May 16th, at Orange, N. J., Daniel Babbit, M. D., in the 76th year of his age.

Mitchell.—On Tuesday, May 31st, at the residence of his brother, Dr. S. Weir Mitchell, in this city, Edward D. Mitchell, son of the late Dr. J. K. Mitchell, in the 21st year of his age.

METEOROLOGY.

May	23,	24,	25,	26,	27,	28,	29.
Wind	S. W.	S. W.	E.	E.	W.	W.	W.
Weather	Clear.	Clear. Sh'er.	Cl'dy.	Cl'dy, Rain.	Cl'dy, Sh'er.	Clear.	Clear.
Depth Rain		2-10		3 5-10			
Thermometer							
Minimum	55°	57°	57°	55°	56°	58°	43°
At 8 A. M.	63	72	62	60	62	66	57
At 12 M.	72	82	70	62	70	74	68
At 3 P. M.	75	84	70	62	74	73	63
Mean	66.3	73.3	64.3	59.3	65.2	67.3	57.3
Barometer.							
At 12 M.	30.1	30.0	29.9	29.5	29.6	29.9	30.1

Germantown, Pa. B. J. Lekdom.

MORTALITY.

	Philadelphia. Week ending May 28.	New York. Week ending May 30.	Baltimore. Week ending May 30.	Boston. Week ending May 28.	Providence. Month of April.
Popl'n, (estimated.)	620,000	1,000,000	240,000	180,000	52,000
Mortality.					
Male	160	232	53	58	50
Female	123	194	46	45	47
Adults	135	195	37	48	58
Under 15 years	142	239	61	55	38
Under 2 years	83	129	39	41*	22
Total	172	448	99	103	97
Deaths in 100,000	27.74	44.80	41.25	57.22	186.55
American	209	276	...	74	52
Foreign	58	172	...	29	45
Negro	21	10	20	2	5
Zymotic Diseases.					
Cholera, Asiatic	...	...	...	...	...
Cholera Infantum	...	2	2	...	...
Cholera Morbus	...	1	...	...	...
Croup	7	18	4	3	6
Diarrhœa	4	6	...	...	1
Diphtheria	1	23	...	1	3
Dysentery	2	1	2	...	...
Erysipelas	2	...	2	2	...
Fever, Intermittent	1	...	1	...	...
Fever, Remittent	...	...	...	...	...
Fever, Scarlet	6	19	4	6	6
Fever, Typhoid	6	11	4	2	...
Fever, Typhus	8	20	...	1	1
Fever, Yellow	...	...	...	...	...
Hooping-cough	1	1	1	...	...
Influenza	...	...	...	...	...
Measles	4	10	5	1	...
Small Pox	2	10	10	4	...
Syphilis	...	...	...	1	2
Thrush	...	...	...	...	...
Sporadic Diseases					
Albuminuria	1	7	...	...	...
Apoplexy	3	2	1	1	3
Consumption	43	53	9	21	13
Convulsions	12	32	4	3	1
Dropsy	8	32	3	7	...
Gun-shot Wounds	11	...	...	...	...
Intemperance	1	3	...	...	2
Marasmus	6	18	...	2	...
Pleurisy	...	...	...	1	...
Pneumonia	19	30	3	5	3
Puerperal Fever	...	...	...	...	1
Scrofula	1	2	1	1	2
Violence and Acc'ts	13	21	...	3	6

* Under 5 years.

BACK NUMBERS.

Subscribers desiring old back numbers (excepting Nos. 304 305, 308, 309, and 310, which are still due, and will be sent, will please remember and send money to pay for them, and for postage, as many of the numbers are growing scarce, and we have to pre-pay the postage, two cents a number.

TO CORRESPONDENTS.

For the information of those who are not authors, we will state that MANUSCRIPT INTENDED FOR PUBLICATION MUST BE WRITTEN ON BUT ONE SIDE of the sheet. If greater care was taken in the preparation of copy, much trouble would be saved to printers, and mistakes would rarely or never be made.